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ABSTRACT

Each of 7,056 children (3,607 boys and 3,449 girls) attending regular elementary school classes were rated by their fourth grade teacher and again by their sixth grade teacher to determine the prevalence of persistent emotional disturbances within the student population of 17 public school districts. Based on teachers' ratings of the student's school behavior, personal characteristics, and outside influences, sixteen types of behavior patterns (including neuropathology, disturbing conduct, and withdrawal) were identified. It was found that 6.2 percent of the boys and 2.6 percent of the girls demonstrated behavior patterns associated with persistent emotional disturbances and that teachers felt a need for consultation services and feedback to guide them in school management of the emotionally disturbed child. (LH)

Elementary School Children

with

PERSISTENT EMOTIONAL DISTURBANCES

A summary report of a study in Onondaga County, N.Y.

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Preface

The project received initial support from a grant to the Onondaga County School Boards Association by the Community Mental Health Services Division of the New York State Department of Mental Hygiene. Continued support in subsecuent years was received from the National Institute of Mental Health, grants 01030 and 21472, to the Mental Health Research Unit, New York State Department of Mental Hygiene. Isabel McCaffrey[1/] and John Cumming[2/] have served as principal investigators.

The project was instituted, designed and carried out through the data collection phase under the general guidance of an advisory committee composed of representatives selected from various disciplines of the schools of Onondaga County. It included E. H. Beebe (Chairman), Rieta Balmer, John Calvert, Mary Ellen Clark, Robert Daly, Philip J. Falise, Rose Giambrone, Arthur Hobday, Lee Rising, Harriet Rowell and Theodore Stewart. Members of the Mental Health Research staif who also served on the committee were Ann Haendel, Philip Lichtenberg, Barbara Pausley and Claire Rudolph.

The Mental Health Research Unit is greatly indebted to the teachers, administrators and other school personnel who gave freely of their time, actively participated and supported the work of the research staff. Special recognition is given to Mr. E. H. Beebe, former superintendent of the West Genesee School District, who provided leadership and facilitated the field work. This study could not have progressed without his continued interest and help.

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1 Associate Research Scientist, Mental Health Research Unit

2 Former Director of the Mental Health Research Unit

Others who contributed generously during various phases of the study unfortunately are too numerous to mention individually. The continued interest and contributions of Elaine Cumming (former Director of the Mental Health Research Unit), Ruth Dewey and Charles Eysaman, however, deserve special recognition.

PROJECT ORIGIN

The research was instigated by the Onondaga County School Boards Association when its members sought answers to the following questions:

> Are there children in regular classes of elementary public schools who appear to be neglected in the sense that they do not receive all the help they could use to overcome emotional disturbances? If so, how may they be identified, how many are there and what do they need?

These questions were posed at a time when there were insistent demands that schools undertake to provide special programs for emotionally disturbed children. The schools, however, were puzzled by the widespread impression that they were negligent and not doing all that they could in this regard. They wondered how they could identify the children who were in need, how many there were and what it was that the school should be doing. The Mental Health Research Unit of the New York State Department of Mental Hygiene itself did not have and could not find adequate answers to such questions, but it agreed to the use of its research staff and facilities to carry out a special investigation.

DEVELOPMENT OF STUDY PLAN

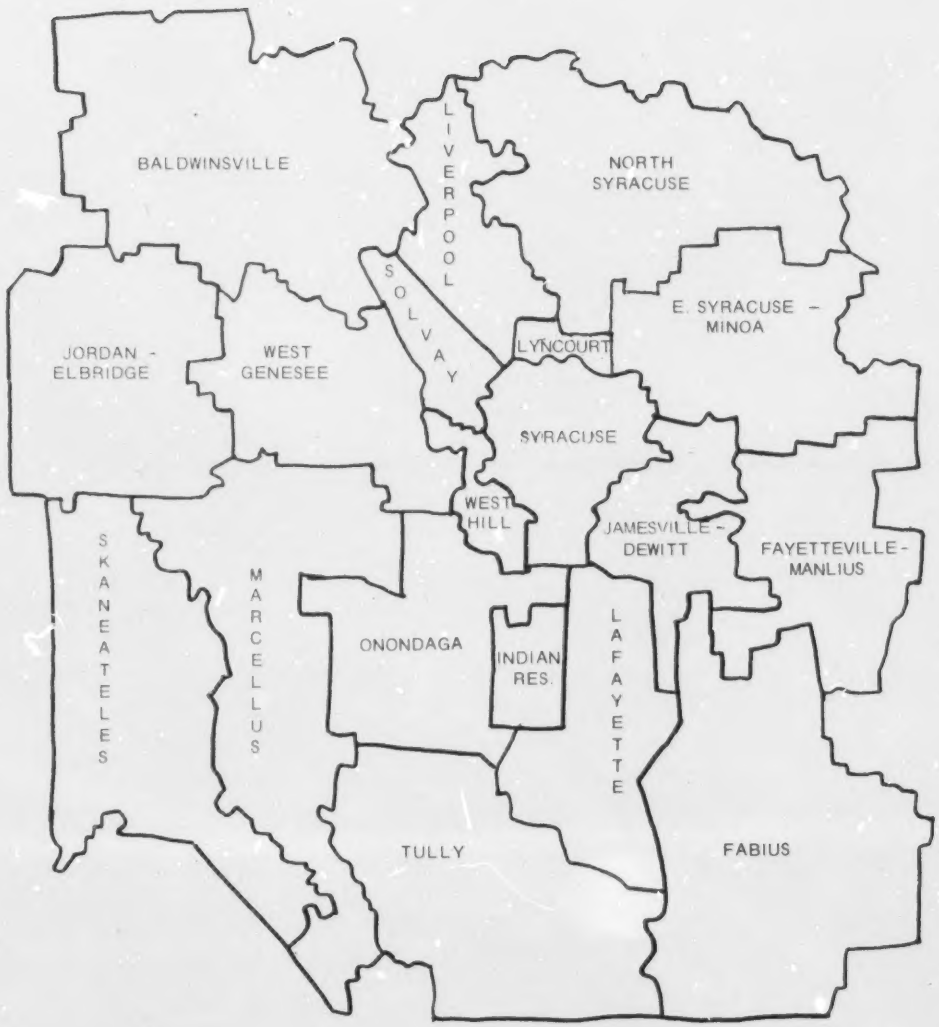
It was recognized at the outset that the variables important to the selection of a small representative sample of school children were unknown and that a large and diversified population should be studied if the committee wished to obtain an unbiased estimate of prevalence of emotional disorders among school children. At first glance, this requirement seemed to present difficulties because

it was out of the question to employ clinicians in sufficient numbers for personal examinations and because there is no accepted screening instrument for the easy detection of emotional disorders among children. It was decided, however, that there already existed a basic structure of teaching personnel who were in close contact with their pupils and who might be willing to serve as screening agents. This approach seemed logical and practical when it was considered that any program for emotionally disturbed school children would rely almost entirely upon teachers for case-finding and initial referrals.

The area represented by the School Boards Association, namely Onondaga County outside Syracuse City, satisfied the requirement for a large diversified study population, although it lacked the central' hard core deprived area usually found only in big cities. The area has a total population of approximately 200,000 and is largely suburban to a diversified industrial center, a medical teaching center and a large university. In 1960, approximately 60 percent of the population lived in areas contiguous to the city and classified as urban. The remaining 40 percent was spread throughout villages and rural towns. Within the total area, there were 17 public schcol districts, including some 60 elementary schools and approximately 150 classes for each grade. Main transportation lines run from east to west and from north to south through the center of both Syracuse City and Onondaga County.

The fourth grade, where social maturation and adaptation to elementary school norms might approach stabilization was chosen as the basic stud: population. The duration of the emotional disturbance is considered as an index of need, but not necessarily neglect on the part of the schools. Therefore, the

Onondaga County School Districts, 1965



study plan called for a follow-up in the sixth grade after a two-year interval.

The study plan also called for reports and descriptions of all types of problem behavior and the extraction of those types of behavior with which prolonged emotional disturbances were most often associated. The purpose of this procedure was to gain some insight into the ways in which teachers differentiate emotionally disturbed behavior from other problem behavior, as well as to minimize any effects of perceptual differences. More will be said about this later in the report.

DATA COLLECTION

All data were obtained from confidential interviews with teachers. The data collection phase of the study was begun in 1960 when initial contacts were made with each of the public elementary schools in the study area. In the beginning, some teachers and other school personnel were inclined to be hesitant about agreeing to participate. They were critical of their experiences with research in the schools because the results did not seem to them to justify the amount of time they had to spend on it. It seemed to them that research reports wound up in someone's file and were quickly forgotten. Their gradual understanding that this study was focused on practical questions in an area where they wanted help undoubtedly contributed to their willingness to be interviewed and to actively participate.

Interviews were done early in the Spring semester when teachers had had ample opportunity to get to know the individual children in their classes. The

remarkable cooperation received from the administrative and teaching staffs in making records and work space available, in arranging for privacy and in scheduling interviews (often at the expense of employing substitutes so that teachers might be released from their classes) made it possible to complete each round of interviews before the Spring recess.

INTERVIEW DESIGN AND PROCEDURES

Every precaution was taken to insure that names of individual children and individual teachers would be kept confidential. Records of interviews were not available to any member of the teaching or administrative staffs of the schools and teachers were assured that identities would not be revealed in any subsequent reports. Care was taken to assign interviewers to unfamiliar areas where they would not be likely to know teachers, children or their families and all records were kept in locked files in the research office. The employment of an outside research agency, the Mental Health Research Unit of the State Department of Mental Hygiene, also encouraged teachers to feel free in expressing themselves, particularly when they might feel inclined to be critical of parents or school personnel or had fears that they might be considered inadequate if they admitted that they had problems that were difficult for them to handle. Recording was done in the presence of the teachers and, insofar as possible, in the exact words of the teachers.

The interview guide was designed to give each teacher an opportunity to describe problem behavior in his or her own way. The procedure followed five basic steps:

1) The interviewer was provided with a list of names of all children who

had been in the class at any time during the academic year. This list had been obtained from the school office prior to the interview. The interviewer presented a copy to the teacher and asked her to make any additions or other corrections that might be indicated. It was hoped that this would insure consideration of every child in the class and thereby minimize errors of omission. The order in which boys and girls appeared on the lists was varied from class to class to eliminate this as a possible source of sex differences in prevalence.

2) The second step was to ask the teacher to designate the children who were the worst problems to her. When the teacher had answered this, she was asked to review the list again and designate any others who might be considered problems. This request was intended to provide opportunity for second thoughts.

3) In the third step, the teacher described the behavior of each child whom she had designated as a problem. The interviewer followed a simple guide in obtaining this description:

    a) How does the level of academic performance compare with the class average?

    b) How does the level of academic performance compare with the ability of the child?

    c) What is there about the child that makes him (her) a problem? Anything else?

d) Why do you think he is this way?

e) What are the other factors that might contribute to or complicate the problem in any way? Anything else? . . . . such as health? . . . . family? . . . . living conditions? . . intelligence? . . . . anything else?

f) Is there anything else that you would like to add?

4) In the fourth step, the teacher was asked to designate which of the children listed as problems might also be considered emotionally disturbed and why she thought so.

5) In the fifth step, the teacher named any other children, not already designated as problems, who might be considered emotionally disturbed.

The research office checked the interview records for clarity and completeness. Incomplete and unclear records were discussed with the interviewer. Records also were scrutinized for any evidence of failure to follow prescribed procedures and any deviations or suspicions were brought to the attention of the interviewer.

STUDY POPULATION

Two groups of fourth grade children were combined to form a single cohort of 8531 children whose teachers were interviewed in 1961 and 1963. They were eligible for follow-up in regular classes of the sixth grade of the

Table 1

Number and percent of fourth grade enrollment retained in cohort through sixth grade

Sex	Fourth grade enrollment 1/	Retained in cohort 2/	
		Number	Percent
Boys and girls	8531	7056	82.7
Boys	4466	3607	80.8
Girls	4065	3449	84.8

1/ Number in fourth grade in 1961 and 1963 combined.

2/ Excludes: 399 children who were held back in the fourth or sixth grade
1063 children who moved out of the study area or transferred to a non-public school
13 children who transferred to special classes, special schools or institutions.

public schools after a lapse of two years, that is in 1963 and 1965.[1/] A total of 1475, or approximately one out of six, however, were dropped from the cohort when they transferred to non-public schools or special classes, moved out of the study area (Onondaga County exclusive of Syracuse City) or were held back in a lower grade. (Table 1) This left a base population of 7056 children (3607 boys and 3449 girls) who were available in regular classes of the public schools in both fourth and sixth grades.

DEFINITIONS OF PERSISTENT PROBLEMS AND PERSISTENT EMOTIONAL DISTURBANCES

Each of the 7056 children was rated by the fourth grade teacher and again by the sixth grade teacher according to one of three categories: 1) problem but not emotionally disturbed, 2) both emotionally disturbed and problem[2/], and 3) neither emotionally disturbed nor problem. The third is a residual group including only those not named in either of the first two categories.

Within the base study population of 7056, there were 575 who were considered as problems in both fourth and sixth grades. (Table 2) These 575 children (424 boys and 151 girls) are identified in this study as the long-term or persistent problems.

In Table 2 it is shown that there were 274 (47.7 percent of the 575 persistent problem children) who were also thought to be emotionally disturbed

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1/ The two cohorts were combined to provide as large a study group as possible for detailed analysis.

2/ Includes a very small number who were designated as emotionally disturbed although they had not been mentioned as problems.

Table 2

Number and percent of persistent problems 1/ who were also designated as emotionally disturbed in fourth and/or sixth grades

Sex	Number of persistent problems 1/	Designated also as emotionally disturbed			
		In both grades	In only one grade	Total Number	Total Percent of persistent problems
Boys and girls	575	68	206	274	47.7
Boys	424	52	144	196	46.2
Girls	151	16	62	78	51.7

1/ Designated as problems by both fourth and sixth grade teachers.

by at least one of the two teachers interviewed. Sixty-eight were so designated by both fourth and sixth grade teachers. The remaining 206 were designated as "emotionally disturbed" by only one teacher, despite the fact that the same type of problem behavior was described by both teachers. In other words, teacher judgements of emotional involvements were inconsistent in 206 or about one out of three (35.8 percent) of the 575 persistent problems.

There is more than one possible explanation of these inconsistencies. One might be that the emotional disturbance had either developed or disappeared during the two-year lapse between interviews, but there is nothing in the interview records to indicate that such an interpretation is warranted in any sizeable portion of this group of children. Other explanations probably are more plausible: first, differences in intuitive judgements of how a child feels within himself - that is, whether a child is reacting emotionally to something that perturbs him;[1/] secondly, differences in teachers' concepts of what constitutes an emotional disturbance,[2/] and, thirdly, reactions to an increased awareness after the first round of interviewing that the study had a primary interest in emotional disturbances.[3/] For all practical purposes, however, these data indicate that many

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1/ In contrast to overt problem behavior, emotional disturbances are neither seen nor heard and do not have objective criteria. For example, one feels pain, but an observer does not know whether another person feels pain or discomfort unless that person tells him or unless there is something in the behavior to suggest it. Furthermore, characteristics of pain often are difficult to describe and even when described may be attributed to hypochondria or malingering.

2/ "Emotional disturbance" is not listed as a diagnostic category in the Diagnostic and Statistical Manual of the APA, second edition, 1968 and the teachers were not given guidelines upon which they might base their

(Continued on next page)

teachers of the fourth and sixth grades thought that they had emotionally disturbed children enrolled in their regular classes. This is the answer to the first of the questions posed by the Onondaga County School Boards Association and School Administrators when they instigated the study. It is the premise of this study that the persistence of a disturbance for as long as two years, i.e. from the fourth to the sixth grade, is an index of a need for something that the disturbed child was not getting.

BEHAVIOR IDENTIFIED WITH PERSISTENT EMOTIONAL DISTURBANCES

The next task of the research group was to find out how the persistent or "neglected" emotionally disturbed child was identified by his or her teacher. The answer to this question was sought by abstracting from the interview records all significant features of the school behavior including any related circumstances

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2/ (continued)
judgements or "diagnoses". Some inconsistencies therefore might be attributed to differences in individual concepts of what constitutes an emotional disturbance. As stated in a report of the Committee on Child Psychiatry of the Group for the Advancement of Psychiatry, "The 'diagnostic mind' itself is composed of many variables."

3/ Difficulties in keeping conditions constant is a problem common to many longitudinal studies. Teachers, like other respondents in an interview situation, may try to please by giving answers that they think an interviewer is searching for. It is reasonable to think that some children reported as "emotionally disturbed" in the second wave of interviewing (1963) might not have been so reported in the first round (1961) only because teachers did not understand that emotional disturbances were a major interest of the study.

This suspicion is supported by data showing that the proportion of fourth grade problem children who were also labeled "emotionally disturbed" was larger in 1963 than in 1961. Among the problem children in the fourth grade in 1961 there were only 42.4 percent who were also labeled "emotionally disturbed". This proportion was increased to 50.9 percent in the same grade in 1963. The difference in the two proportions is statistically significant.

and characteristics cited by teachers as complicating and contributing factors.

The behavior patterns that emerged from these abstracts follow a multivariate outline including environmental and innate personal elements as well as overt classroom behavior. Long, in 1941, recognized a multiform quality of behavior patterns and also proposed that any treatment to be given for a "single aspect of behavior must be considered with reference to the composite whole." More recently, Thomas et al stated that the course of behavioral development is influenced by a vast array of issues including those genetic, biochemical, temperamental, neurological, perceptual, cognitive and environmental. Bower also concludes from his studies that emotional maladjustment is a "complex, interwoven relationship of the organism with himself and his environment."

The behavior patterns of the problem children in this study should not be confused with professional assessments of all the motives, reasons or explanations which, according to Buhler et al, can only be expected from one trained to make clinical evaluations and recommendations for treatment.[1/] In 1952, Buhler et al said that it never should be assumed that a problem can be explained by one specific cause and that motives and explanations require a study of the individual situation. Buhler and her colleagues also emphasize the need to distinguish between descriptions of behavior and explanations because behavioral signs may change from day to day. For example, "seeking attention" is regarded in this study as a behavioral description and not an explanation or motive.

1/ Teachers often comment that they would like to obtain such help through referral or through consultation.

All 575 persistent problem children, regardless of whether or not they had been labeled "emotionally disturbed", were sorted according to the types of behavior described by their teachers. When this had been done, it was found that emotional disturbances were concentrated in nine distinguishable patterns for boys and seven for girls. The 16 selected patterns, taken together, include almost all (94.1 percent) of the persistent problem children who had been labeled as "emotionally disturbed" by both teachers interviewed and 78.2 percent of those who had been so labeled by only one of two teachers. They included, however, only 29.6 percent of those who had not been perceived as "emotionally disturbed" by either teacher. (Table 3) In other words, a child whose persistent problem behavior conformed to one of the 16 selected behavioral patterns had almost three out of four chances of being considered emotionally disturbed by at least one of the two teachers involved, whereas those whose behavior did not correspond to one of these patterns had only one out of five such chances.

Outlines of the 16 patterns of persistent emotionally disturbed behavior, as presented in the following pages, stand by themselves and need little explanation. The outlines are arranged in three separate charts for boys and three separate charts for girls. The first two charts (1a for boys and 1b for girls) are concerned with patterns of disturbing and aggressive acts which appear to have underlying bases of what we shall refer to as "neuropathology".[1/] It is unclear whether the neuropathology is primary or secondary but it seems reasonable to think that either would have the same effects upon a child's behavior. Many

1/ Nervous, tense, highstrung, excitable, emotional, erratic, unstable, anxious, moody, can't sit still, can't be quiet, never calm, jittery, shakes, constant motion, taps, jangles, fidgety, upset, restless, ants in pants, impulsive, itchy-witchy, needs to be busy, can't concentrate, jumpy, etc.

Table 3

Number and percent of persistent problems included in one of 16 patterns of behavior associated with emotional disturbances

Sex and grade in which designated as emotionally disturbed	Number of persistent problems 1/	Included in one of 16 patterns of behavior associated with emotional disturbances	
		Number	Percent of persistent problems
Boys and girls	575	314	54.6
Both 4th and 6th	68	64	94.1
4th or 6th, but not both	206	161	78.2
Neither 4th nor 6th	301	89	29.6
Boys	424	224	52.8
Both 4th and 6th	52	48	92.3
4th or 6th, but not both	144	106	73.6
Neither 4th nor 6th	228	70	30.7
Girls	151	90	59.6
Both 4th and 6th	16	16	100.0
4th or 6th, but not both	62	55	88.7
Neither 4th nor 6th	73	19	26.0

1/ Designated as problems by both 4th and 6th grade teachers.

workers, following Lewin, associate tension with pressure and restrictions on free movement. Lewin's own clinical experiments indicate that this higher tension might suffice to create aggression and that there seem to be rather clear cases where aggression is an emotional expression of an underlying tension. He warns, however, that tension is only one of the factors which determine whether an aggressive action will take place.

The third and fourth charts (2a for boys and 2b for girls) also are concerned with disturbing conduct, but it lacks the underlying component of nervousness, involuntary hyperactivity and excitability. The behavior seems to have been derived directly from outside social and environmental influences that conflict with peer and school norms.

The fifth and sixth charts (3a for boys and 3b for girls) show descriptions of non-disturbing forms of behavior. Both boys and girls are described as shy, timid, reticent, fearful, lacking communication, embarassed, ashamed, etc. They often are children who would not be missed if they were not there. Complete detachment from the classroom, that is, withdrawal not only in behavior but in thought, is not found in this study or, if so, is so uncommon that it is not recognizable as a distinct behavioral type.

The significant elements of each behavioral pattern are shown in the boxes in vertical columns and surrounded by solid lines. Elements common to more than one pattern are spread across appropriate columns and outlined by double or triple solid lines to indicate the number of patterns involved. The broken lines outline descriptions of home and other environmental conditions associated with the school behavior. The words or phrases within each box

were taken from the interview records and grouped together because they seemed to have similar connotations in the contexts in which they were used. Some nouns have been changed to verb forms or adverbs, or vice versa, and some phrases have been shortened by eliminating non-significant words but the roots are maintained.

ALIENATION AND NON-MEMBERSHIP

Alienation or exclusion from peer groups is common to all sixteen behavior patterns, but this characteristic does not appear on the charts because it serves no purpose in differentiating individual patterns of behavior. It is found throughout the teachers' narratives, however, both explicitly and implicitly, such as when they attribute delinquent-type acts to a need to qualify for gang-membership. The quiet, non-participating forms of disturbed behavior also are examples of non-membership attributed to feelings of inadequacy, fear of failure or feelings of embarassment in some facet of peer-group performance.

The importance of non-belonging cannot be overlooked as an immediate cause of emotional discomfort and anxiety. It may provoke reactions of withdrawal from participation or attempts to prove oneself by seeking some sort of success. Buhler et al define the healthy child as one who "belongs, is independent and self-confident". They view exaggeration as an indication of disturbance and excessive aggression and excessive withdrawal as exaggerated forms of advance and retreat reactions necessary for survival. They also suggest that extreme forms of aggression and withdrawal have corresponding dynamics. Both are regarded as pathological reactions in which constitutional differences (tendencies inherent in a person) or very early experiences determine the

predominance of the tendency to aggression or withdrawal in comparable circumstances. For some children, the goal may be prestige with perfection or excellence in some facet of individual performance; such as recognition as a leader or a first-rate scholar; for others, it may be only acceptance and respect as a member of a group; others may try to escape stressful situations by remaining unnoticed in the background or by staying away from school altogether. Presumably, there is a normal range of everyday participation somewhere between the extremes of aggressive acts on the one hand and quiet withdrawal on the other.

SCHOLASTIC PERFORMANCE

Lack of scholastic achievement commensurate with ability also is a common characteristic of emotional disturbances, as described by teachers. The deficit in performance often is attributed to short attention span and inability to concentrate (as in neuropathology); sometimes to laziness, a lack of interest or a difference in interests; other times it seems more directly related to the emotional disturbance itself (fear of giving the wrong answer, for example). Poor academic performance, in itself, however, is not useful in large scale screening because it is also a common component of behavior unrelated to emotional disturbances. The difference between the disturbed and the non-disturbed underperforming child is that the disturbed child is perceived as bothered and feeling insecure or unhappy by this and other failures and frustrations, while the non-disturbed child is seen as not caring about substandard performance.

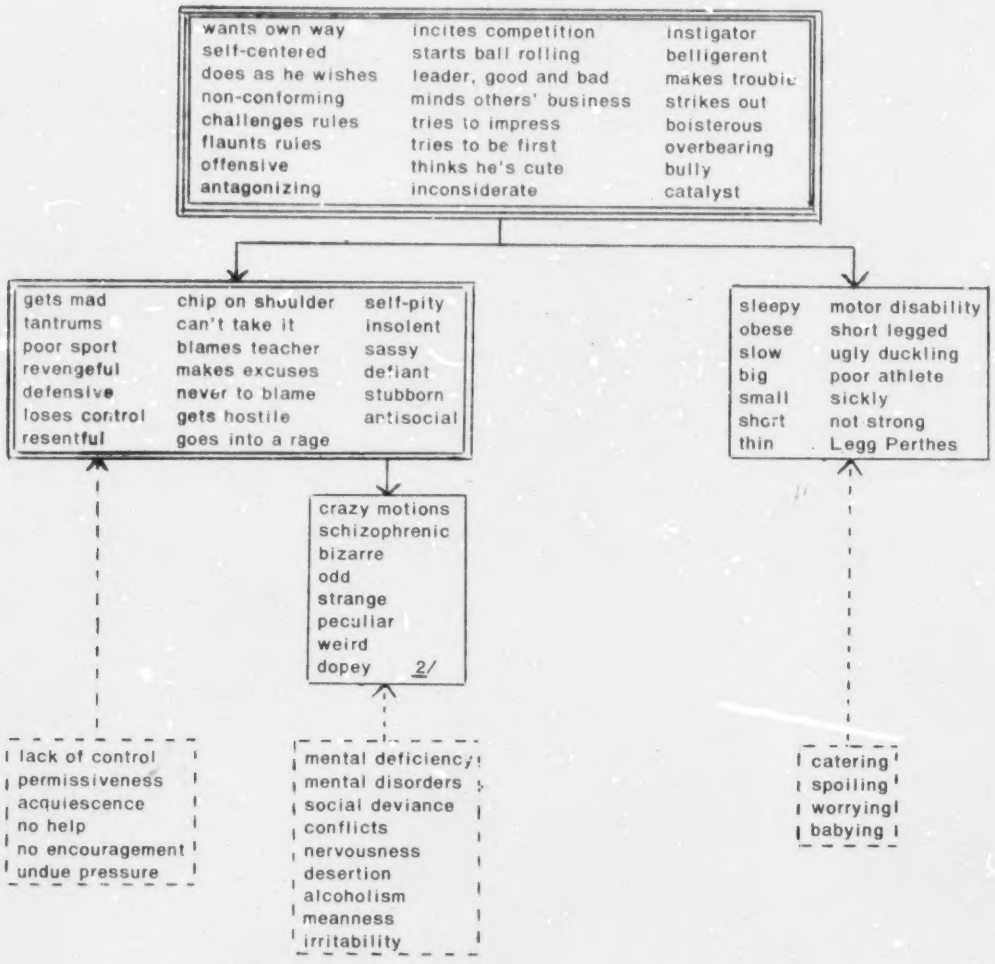
HOME AND OTHER OUTSIDE INFLUENCES

Comments on home and other outside environmental relationships and

conditions are such an integral part of teachers' narratives that they are shown within the dotted lines at the bottom of each chart. The importance attached to outside environments is far from being peculiar to teachers. The Committee on Child Psychiatry, for example, finds that families are important for consideration in assessments of therapeutic potentials and Ginnott writes that "any list of undesirable attitudes and characteristics will include those of parents who are overemotional, overprotective, childish, alcoholic, seductive, rejecting or over-conscientious."

The behavior and other characteristics shown on the charts suggest two ways in which outside experiences may act to influence the school behavior of children with persistent emotional disturbances. Attention is directed to them because distinguishing between them is likely to be important in evaluations of treatment goals. First, the child's alienation from the class may be directly attributable to inappropriate behavior learned, encouraged or allowed at home. It is carried into school and may be so deeply implanted that the child does not know any other way to act and parents may see nothing wrong with it. The parents, as well as the child, may need to undergo a complete change in attitude and behavior if the child is to be made acceptable and at ease with other children in the class. A good example is the boy whose peers regard him as a baby or sissy. Another example is the girl who is rejected in class and feels out-of-it because she has been brought up to act roughly or because her family does not have the wherewithall for appropriate clothes and other things that school girls consider important and are likely to be taken for granted. There also are children who come to school upset because they are worried about something at home. The second way in which the outside environment may affect school

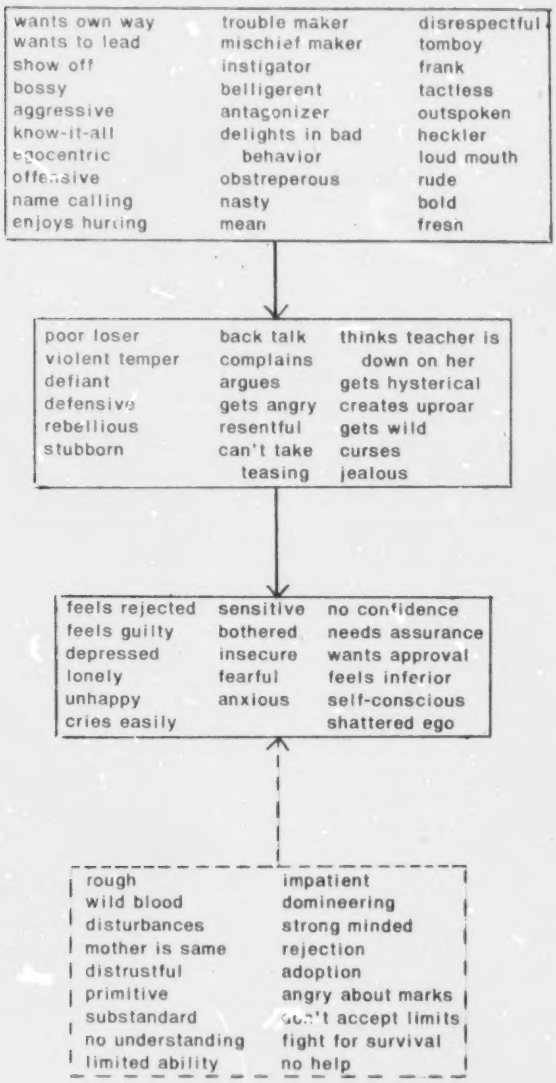
Chart 1a, Boys - Disturbing Neuropathology 1/ (Three Patterns)



1/ Nervous, tense, highstrung, excitable, emotional, erratic, unstable, anxious, moody, can't sit still, can't be quiet, never calm, jittery, shakes, constant motion, taps, jangles, fidgety, upset, restless, ants in pants, impulsive, itchy-witchy, needs to be busy, can't concentrate, jumpy, etc.

2/ Lies on floor, screams, laughs, eats worms, eats salt from wall map, peculiar noises, crazy motions, talks of nerves or corns or mother's arthritis, funny positions, facial distortions, eats paper, dances, collects cheese for rats, etc.

Chart 1 b, Girls - Disturbing Neuropathology 1/ (One Pattern)



1/ Nervous, tense, highstrung, excitable, emotional, erratic, unstable, anxious, moody, can't sit still, can't be quiet, never calm, jittery, shakes, constant motion, taps, jamgles, fidgety, upset, restless, ants in pants, impulsive, itchy-witchy, needs to be busy, can't concentrate, jumpy, etc.

Chart 2a. Boys - Disturbing Social Pathology (Three Patterns)

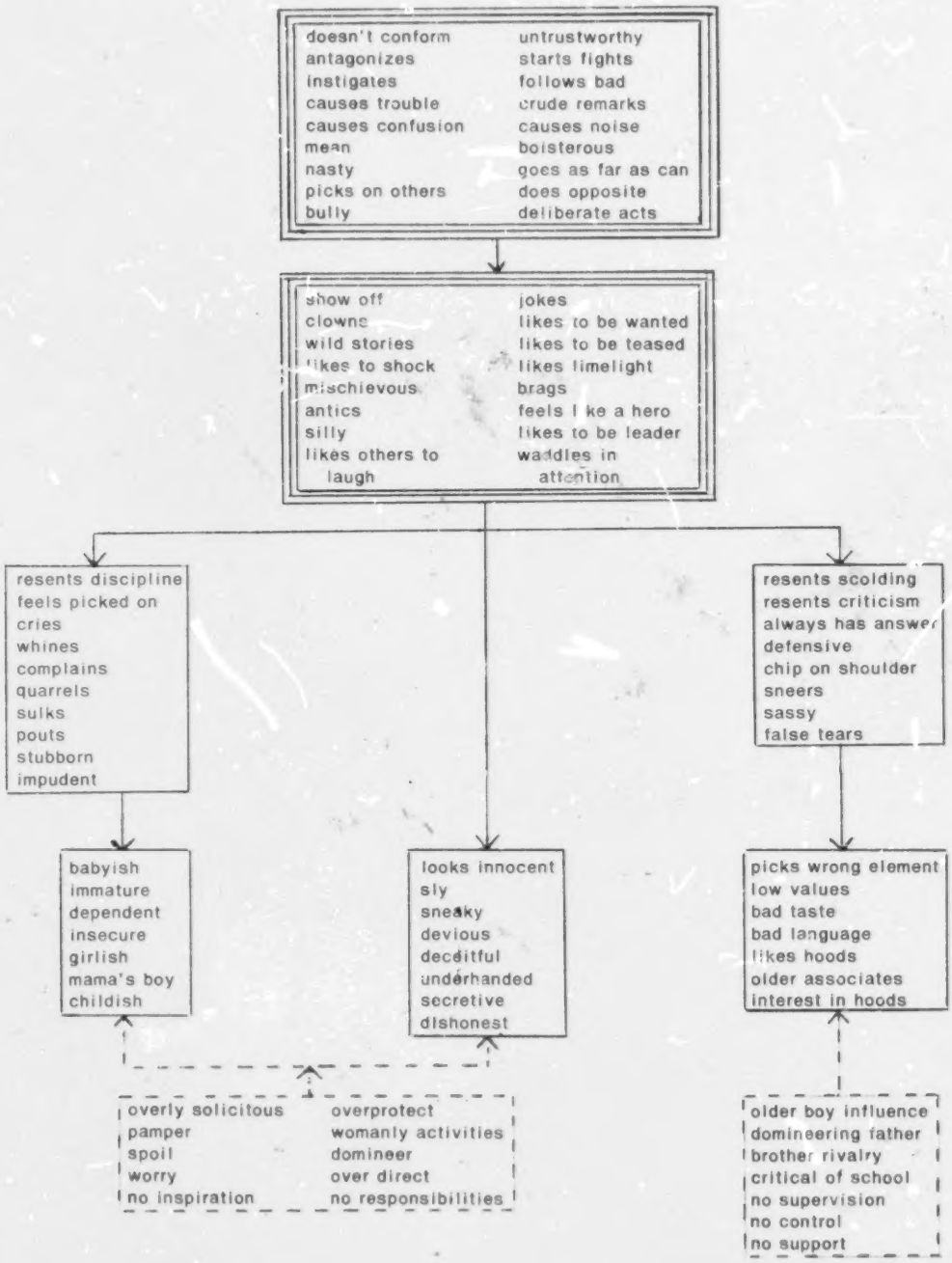


Chart 2b, Girls - Disturbing Social Pathology (Three Patterns)

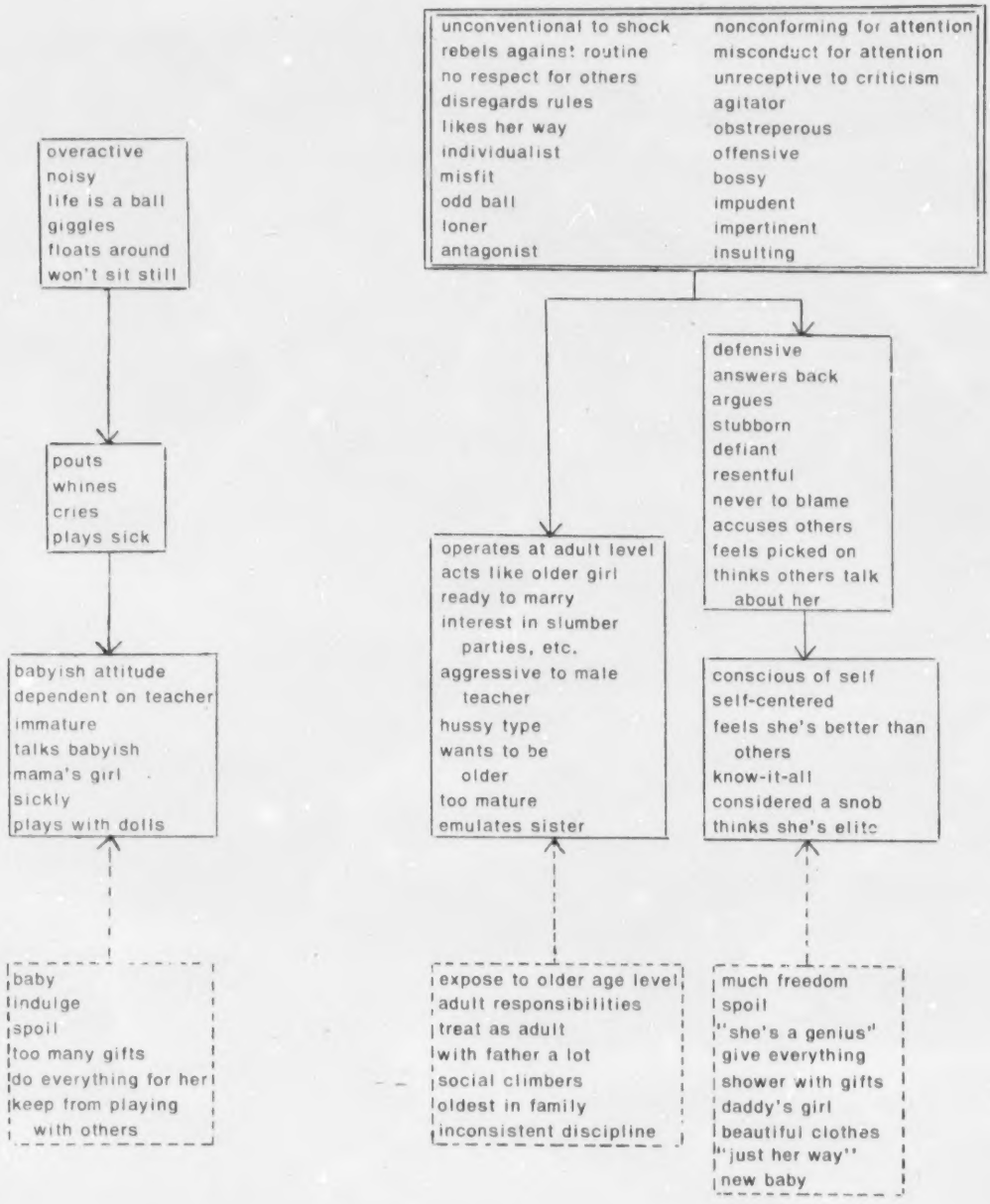
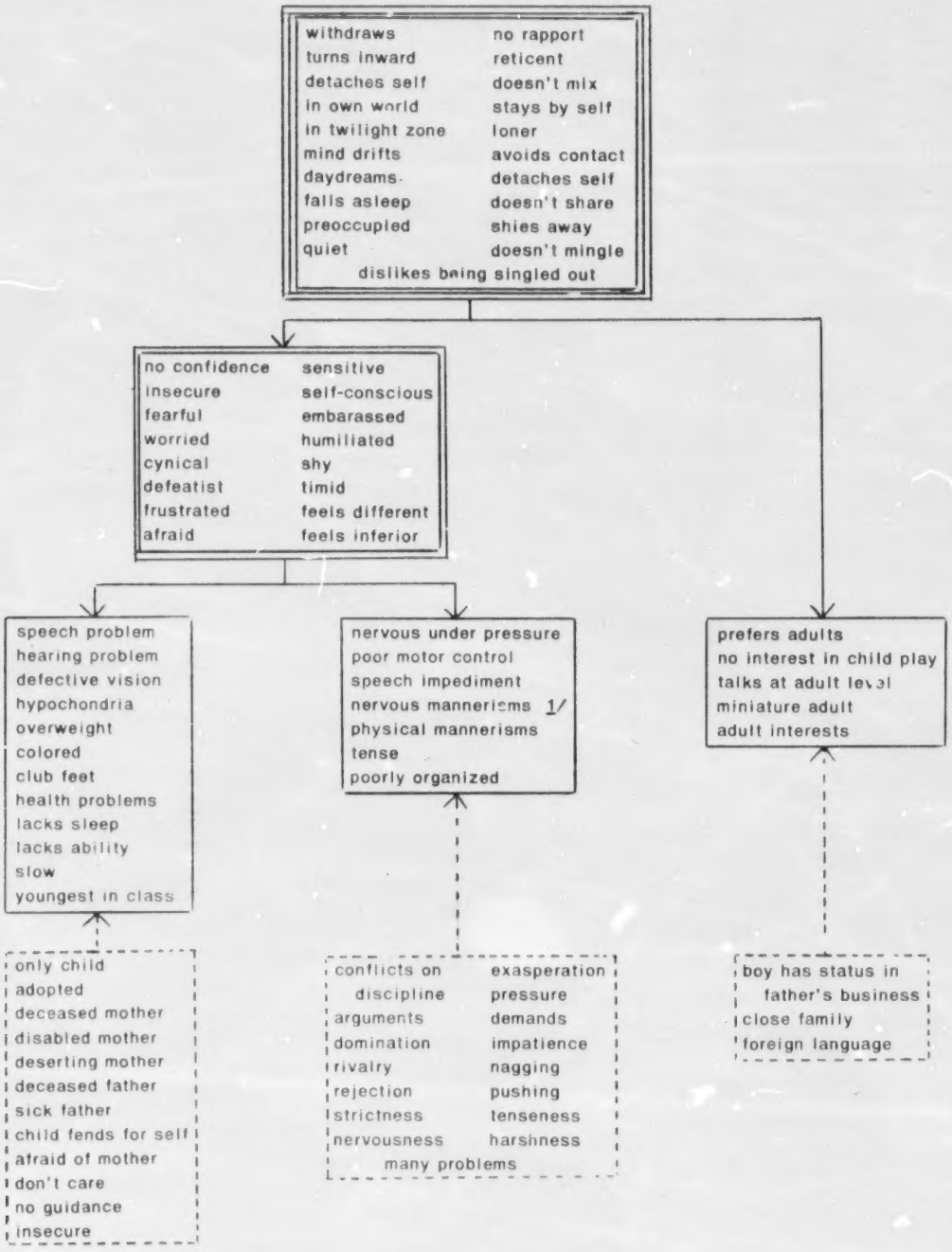
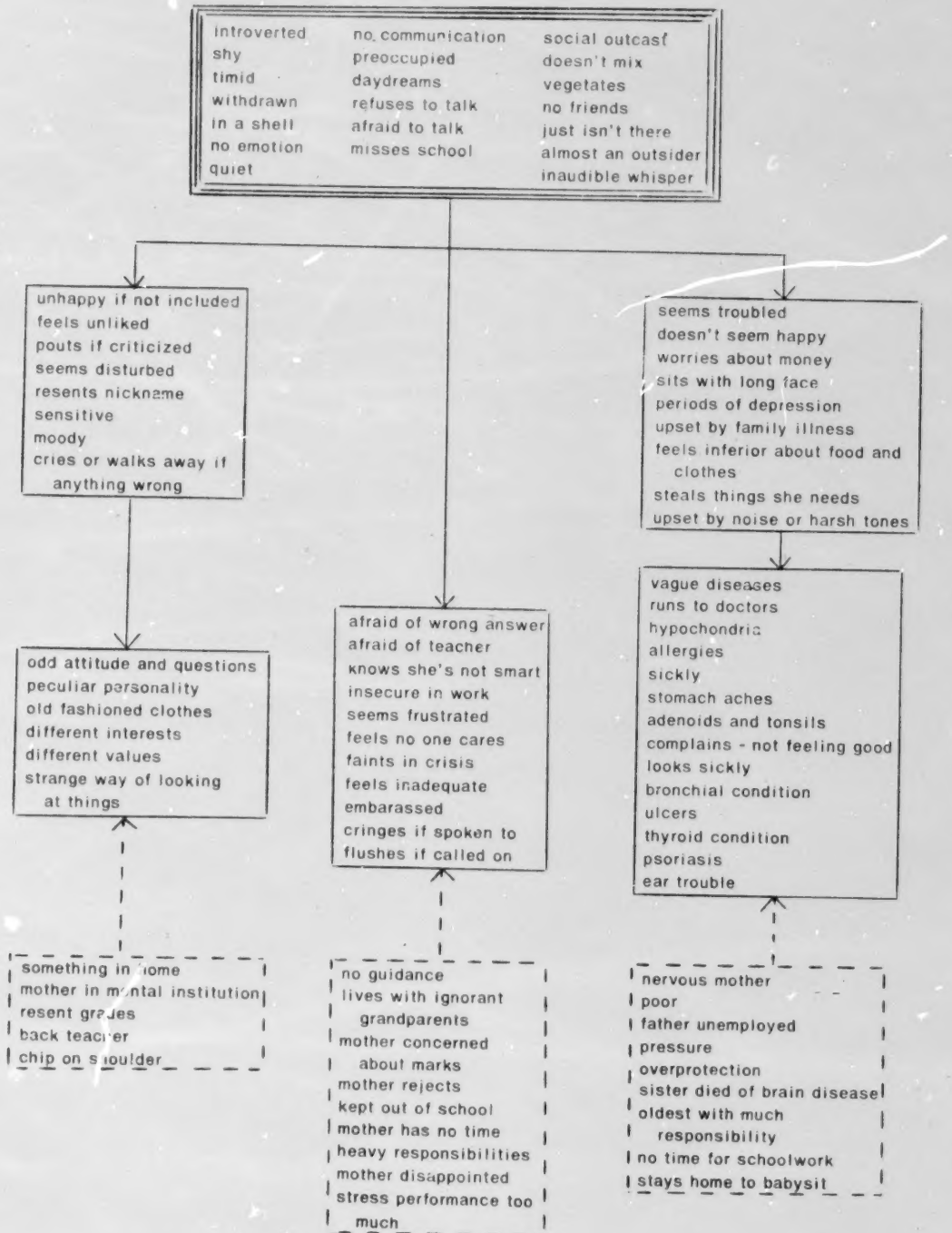


Chart 3a, Boys - Non-Disturbing (Three Patterns)



1/ Jerks, trembles, shakes, quivers, stammers, stutters, bites nails, chews pencils, writes on hands, writes on shoes, taps, plays with ears, plays with tongue, sucks finger, tics, twitches, eye movements, blinks, facial expressions, staring eyes, odd noises.

Chart 3b. Girls - Non-Disturbing (Three Patterns)



behavior is seen among those children who have mental and/or physical defects that are sufficient in themselves to preclude full participation in the normal activities of other boys and girls in the class. Treatment of the child at home may serve to aggravate the underlying problem and also influence the type and extent of the reactive school behavior. The best examples of these probably are found among the boys who are limited in their ability to participate because of physical defects or neuropathology.

PREVALENCE RATES ACCORDING TO BEHAVIOR PATTERNS AND SCHOOL DISTRICTS

The answer to the third of the series of questions asked by the School Boards Association "How many are there?" is contained in Table 4 and Table 5.

The 224 boys identified, for the purposes of this study, as those who had persistent emotional disturbances (behavior corresponding to one of the nine patterns outlined in charts 1a, 2a and 3a) comprised 6.2 percent of the total study population of 3607 boys. The corresponding rate for girls was only 2.6 percent of a total study population of 3449.[1/] (Table 4) On this basis, one might estimate that an elementary school population with an equal number of boys and girls would contain somewhere in the neighborhood of 4.4 percent who are perceived by teachers to be in need of help in overcoming persistent emotional disturbances.

1/ These rates include only those in regular classes of the public schools. They should not be confused with community prevalence rates that include many children who are not in regular classes of the public schools, such as those who are exempt from school or placed in private schools, special classes, special schools, developmental centers or other institutional settings.

Table 4

Prevalence rates 1/ of persistent emotional disturbances according to type of behavior

Type of behavior associated with persistent emotional disturbances	Number of children	Prevalence rate 1/
Boys:	224	6.2
Disturbing behavior		
With neuropathology (chart 1a)	106	2.9
First pattern (or column)	65	1.8
Second pattern	10	0.3
Third pattern	31	0.9
Without neuropathology (chart 2a)	54	1.5
First pattern	26	0.7
Second pattern	13	0.4
Third pattern	15	0.4
Non-disturbing behavior (chart 3a)		
With neuropathology	30	0.8
Second pattern	30	0.8
Without neuropathology	34	0.9
First pattern	29	0.8
Third pattern	5	0.1
Girls:	90	2.6
Disturbing behavior		
With neuropathology (chart 1b)	29	0.8
First pattern	29	0.8
Without neuropathology (chart 2b)	31	0.9
First pattern	7	0.2
Second pattern	9	0.3
Third pattern	15	0.4
Non-disturbing behavior (chart 3b)		
With neuropathology	0	0.0
Without neuropathology	30	0.9
First pattern	6	0.2
Second pattern	13	0.4
Third pattern	11	0.3

1/ Percent of study population of 3607 boys and 3449 girls (Table 1)

It is noteworthy that about three out of five of the disturbed boys have behavior patterns with underlying bases of neuropathology. The prevalence rate of emotional disturbances with neuropathology is 3.8 percent for boys, as compared to only 0.8 percent for giris. (Table 4)

The 136 disturbed boys who had signs of neuropathology were unevenly scattered among the 17 school districts with prevalence rates ranging from 1.2 percent in two districts to 9.0 in another. (Table 5) When the variation is measured in terms of standard deviations from the expected average of 3.8 percent, however, there is no evidence that the differences among districts could be attributed to anything other than chance. Nor is there any clear evidence of geographic clustering suggestive of social or economic differences. School districts, however, cannot be anything more than crude reflections of any socio-economic clustering that may exist within the county. They are administrative units and the populations within their boundaries are not always homogeneous with respect to social or any other characteristics. Some districts have varying proportions of both urban and rural areas and some have mixtures of natives and newcomers who migrated from the city to newly developed suburban areas.

COMPARISON OF PREVALENCE RATES OF BOYS AND GIRLS

Differences in numbers of boys and girls who are patients of mental health facilities are well documented and it is of interest to find that twice as many boys as girls also were found in school settings when teachers of the lower grades were asked to designate children whom they suspected of being emotionally

Table 5

School district prevalence rates 1/ of persistent emotional disturbances characterized by behavior patterns involving neuropathology

School district	Study population (boys)	Emotionally disturbed boys with behavior patterns involving neuropathology			
		Number	Percent of study population	Deviation σ'	2/
All districts combined	3607	136	3.8	-	
Lafayette	67	6	9.0	+2.2	3/
Fayetteville-Manlius	296	21	7.1	+3.9	
Skaneateles	124	7	5.6	+1.0	
Liverpool	403	22	5.5	+1.8	
Onondaga	129	7	5.4	+1.0	
Jamesville-DeWitt	224	12	5.4	+1.3	
Solvay	108	5	4.6	+0.4	
Fabius	67	3	4.5	+0.3	3/
East Syracuse	257	9	3.5	-0.3	
North Syracuse	623	19	3.0	-1.0	
Jordan Elbridge	134	4	3.0	-0.5	
Lyncourt	76	2	2.6	-0.5	3/
West Genesee	396	9	2.3	-1.6	
West Hill	137	3	2.2	-1.0	
Tully	64	1	1.6	-0.9	3/
Marcellus	101	2	1.2	-1.6	
Baldwinsville	341	4	1.2	-2.5	

1/ Percent of study population of boys in each district.

2/ $\frac{p - 3.8}{\sqrt{\frac{3.8 \times 96.2}{n}}}$ p is prevalence rate of district; n is population of district.

3/ n is too small for interpretation according to normal curve theory.

disturbed.[1/] Elementary schools, perhaps more so than any other single agency, often are in a position of initiating the process of selection that may lead eventually to referral for clinical diagnoses and treatment. For this reason, it is proposed that schools are a logical place in which to begin to look for explanations of the excess of emotional disturbances among boys as compared to girls or, vice versa, the deficit in emotional disorders among girls as compared to boys.

The question posed is whether there is anything in teachers' descriptions of persistently disturbed school children to suggest that the prevalence of persistent emotional disturbances among children in regular classes of the fourth and sixth grades is, in fact, higher among boys than among girls or whether it only appears so because emotional disorders are easier to detect among boys than among girls. In other words, is there reason to think that there are relatively more unrecognized cases among girls than there are among boys?

The etiology of emotional disturbances presumably is the same for boys as it is for girls and this is supported to the extent that all behavioral patterns of both boys and girls are bound together by a common characteristic of non-belonging. Acknowledgement of this common characteristic is crucial to the development of a rationale for the difference in prevalence rates of persistent emotional disturbances among boys and girls. The next step in conceptual development is a consideration of the causes of exclusion, which might be expected to be different for boys and girls if only because they have different frames of reference, rules of conduct and criteria for membership.

1/ As shown in Table 4, the prevalence rate of persistent emotional disturbances among boys was 6.2 percent as compared to only 2.6 percent among girls.

There is an abundance of literature in which normal interests and activities of boys and girls are compared. Coleman, for one, studied teenagers' responses to a set of questionnaires and found that boys and girls had different measures of success and different criteria for acceptance. Normal behavior is observed in a wide range of school activities outside those academic in nature and Coleman found that both boys and girls consider achievement in these extended areas more important than having good grades or being smart. He writes that "scholastic success may, in a minor way, add to a student's status among his fellows, but success must be gained without special efforts, without doing anything beyond the required work - that is, that there is a norm against working too hard on one's studies." While both boys and girls perceived "good personality and being friendly" as important assets, girls did so twice as often as boys. Girls also stressed "good looks, beauty and having nice clothes", while boys tended to stress the importance of "being an athlete and having a car". In summary, Coleman states that "boys have far more to do than girls have. Whether it is athletics or cars or hunting or model-building, our society seems to provide a much fuller set of activities to engage the interests of boys than of girls. Thus when girls are together they are much more often just with the gang than are boys, one of their frequent afternoon activities being simply going to town to window shop and walk around."

The disparity between the ambitions of normal boys and normal girls has been actively promoted in schools where budgetary provision for athletic equipment, manual arts and mechanics are traditions for boys but not for girls. It also is fostered in homes where fathers overtly attach importance to sports on television and in the newspapers. Fathers sometimes demand athletic performance

and success from their sons. The extreme case is one in which a father rejects a son who is physically frail or handicapped in such a way that he cannot meet the challenges and standards of performance expected by his father. Even in the pre-teen ages, parents vigorously promote activities such as little leagues and soap box derbies for boys. Comparable interests and pressures in girls' outside activities have not been so apparent in the past, although an occasional mother may push her daughter to seek social prestige or to be a 'beauty queen'. The pressures on boys, however, seem to far exceed the pressures on girls.

The differences in normal boy and girl activities are reflected in the patterns and other characteristics associated with persistent emotional disturbances, as described in this report. Boys with persistent emotional disorders have characteristics that might be expected to be disabling in the important every-day activities of other boys. There are, for example, many more disturbed boys than disturbed girls who have neuropathological disorders marked by hyperactivity, disabilities in attentiveness, inability to concentrate, and problems in motor control and stick-to-itiveness, all of which might be expected to detract from a boy's ability to continue to meet the everyday challenges and compete in the extended areas of athletics and other informal as well as formal activities demanded of boys but not of girls. High prestige athletics such as football, baseball and basketball make even greater demands on physical stature and coordination.

Neuropathological disabilities have long been recognized in association with difficult learning problems. Perhaps less obvious, however, is their importance as sources of stress and problems for boys when they prevent them from engaging or competing in everyday activities. One might be tempted to infer

that neuropathology and other handicaps are also more prevalent among normal boys than among girls, but this does not necessarily follow. It is just as plausible, if not more so, to think that characteristics of neuropathology are more disabling to boys than to girls. The link between physical disabilities and emotional disturbances has been supported in Bower's studies when teachers reported more physical disabilities among the emotionally handicapped than among other children without emotional problems.

On the other side of the picture, the possibility that the prevalence of persistent emotional disturbances among girls is equal to or even higher than that among boys cannot be completely discredited by any of the findings of this study. Bower, for one, reports that boys react to their difficulties in a direct, forceful and non-introspective manner and girls perhaps are more insightful and thoughtful and less inclined to voice or act upon their difficulties, which implies that emotional and other problems of boys may be more readily brought to the attention of teachers than are those of girls. A boy who is standing outside and looking in or going off by himself while other boys are on the playground probably is more noticeable than a girl whose everyday social activities are less organized and overt. None of this, however, discredits the hypothesis that boys, more so than girls, have a high risk of exposure to exclusion with emotional reactions because criteria for membership are more difficult for boys than for girls.

There is at least one other reason for believing that boys, more often than girls, may have difficulty in conforming to the standards established by their peers. It is generally accepted that boys learn appropriate behavior from their fathers and girls learn from their mothers. In broken homes, however, it is the

fathers who leave and it is the mothers who assume full responsibility for sons as well as daughters. Also, it is the father who is likely to be out on the road for extended periods because of work. In situations such as these, boys may be exposed to the risk of being left out because they have been deprived of the opportunity to develop customary interests and to learn approved kinds of behavior. "He needs a father" is a common statement in teachers' narratives of boys' behavior associated with persistent emotional disturbances. It is relatively uncommon, however, for a teacher to say that a girl "needs a father", or that a boy or girl "needs a mother", although it sometimes is implied when home responsibilities are excessive or there is a lack of discipline because the mother has other interests or has to work and does not have time to take care of the home, supervise the children and help with homework.

SCHOOL SERVICES

It is all very well to make counts of the numbers of children who are thought to be emotionally disturbed, but this in itself is not enough and does not do much good unless something more can be done. In this study, teachers' comments indicated that they felt that they had done all that they could without access to consultation services and feedback to guide them in assuming significant roles in the school management of the emotionally disturbed child.

The importance of doing something about emotional disturbances of children is stressed by Huessy and Cohen who have reviewed recent literature and accumulated evidence that children with behavioral, personality and conduct disorders are prone to developing more serious problems such as psychoses or sociopathy in later life. The Committee on Child Psychiatry states that "no

child should be considered untreatable in the present state of our knowledge -- and if a child can be helped only a little, he is treatable to that degree." The belief that early treatment pays off lacks confirmation by controlled studies but most experienced clinicians have a firm impression that it does. In this study, a search of the records of admissions of boys to New York State inpatient psychiatric and developmental facilities identified six who had been members of the group of 224 boys with persistent emotional disturbances, as defined in a previous section of this report. Another boy had been exempted from further schooling because of his emotional disturbance. He remained in the sheltered environment of his home where he did farm chores without benefit of continuing education or professional services. By way of contrast, only one of the non-disturbed persistent problems had been admitted to a State mental hygiene facility.

It seems clear, however, that a single school cannot be expected to take over and do the job of offering a comprehensive program of services unless it combines forces with other schools or other resources in the community. In the first place, the number of afflicted children, that is those with persistent emotional disturbances, is too small to justify the maintenance of a comprehensive service in each school or in each district. Furthermore, it cannot be assumed that all emotional disturbances will respond to the same type of treatment. For example, there are variations among patterns of behavior and other characteristics of emotional disturbances and there are still other individual variations within each pattern. The approaches to realistic treatment for the individual child also might be expected to vary accordingly. Schools, however, are geared to group or class programs, sometimes with the assistance of specially trained teachers,

or other school personnel and they have limited opportunity for flexibility in giving attention to individual needs.

Little is known about the pathways of referral or where they tend to break down and fail to meet the needs of teachers of emotionally disturbed children. It is conceivable, however, that the need for consent and cooperation from parents may be a major obstacle. Teachers do not have the means nor the authority to intervene in outside environments, which are frequent complications of emotional disturbances, except in very superficial ways such as the promotion of parent-teacher conferences. Teachers often report that these conferences are non-productive, except perhaps in helping the teacher to understand an individual child's behavior. Parents' reactions to teachers may run from idle promises to severe punishments for the child; some parents become angry with any implication that their children are in any way in need of help. Parents occasionally blame the teacher or school or assume the attitude that their children are exceptional and can do no wrong.

The extent to which organizational problems and other obstacles to treatment may account for the persistence of the emotional disturbances reported by teachers is of course unknown. Teachers, however, feel that they have done all that they can on their own. They talk to the children to help them to gain some insights into their problems. They try to modify school behavior so that a child may become more acceptable to his classmates; they talk with peers to make them understanding and tolerant of a child who can not meet their standards for membership; they try to relieve home pressures and excessive punishments by adjusting report cards and homework assignments. In other

words, their narratives indicate that they have tried everything within their power to help a disturbed child to achieve some feeling of success, self-confidence and comfort in the school atmosphere. Their hands are tied, however, when treatments such as these fail and they do not have access to consultant services or other resources. Perhaps it is the teacher, as much as the emotionally disturbed child, who is "neglected" when she suspects that a child is emotionally disturbed and cannot get advice from psychiatric and/or social agencies skilled in the assessment of therapeutic needs, realistic goals and the kinds of treatment that may be applied in school.

SUMMARY

The study focuses on persistent emotional disturbances among all children attending regular classes of elementary schools of 17 public school districts of Onondaga County, New York. Data are compiled from records of private interviews with fourth and sixth grade teachers who designated and described the children in their classes whom they suspected of being emotionally disturbed. The significant elements in their narratives are outlined and summarized according to 16 types (nine for boys and seven for girls) based on school behavior, personal characteristics and outside influences.

Among the 3607 boys enrolled in the fourth grade and found again in the sixth grade after an interval of two years, there were 6.2 percent whose behavior and other characteristics corresponded to one of the patterns associated with persistent emotional disturbances. Among the 3449 girls in the same grade category, there were only 2.6 percent. Significant variations among school districts were not found.

An emotional disorder is considered persistent when both fourth and sixth grade teachers describe behavior and other characteristics that conform to one of the 16 types outlined in the report. Persistence is considered as an indication that there are needs for help over and beyond that already provided in school or elsewhere.

Differences in the etiology of persistent emotional disturbances of boys and girls are discussed.

Teachers' comments indicate that access to consultation services with feedback and more time to spend with the disturbed children are their greatest needs. Their frustrations suggest that case-finding and repetitions of enumerations for the purpose of estimating prevalence are of little consequence unless something can be done to overcome obstacles to the procurement of services that neither individual teachers nor individual schools can be expected to offer on their own.

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